

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <u>08/852158</u>	FILING DATE <u>5-6-97</u>					
								CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10	1							60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18		1						68						
19								69						
20		1						70						
21								71						
22								72						
23	1							73						
24								74						
25								75						
26		1						76						
27								77						
28		1						78						
29		1						79						
30								80						
31		1						81						
32	1							82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		1						88						
39		1						89						
40	1							90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		7						TOTAL IND.						
TOTAL DEP.	33							TOTAL DEP.						
TOTAL CLAIMS	40							TOTAL CLAIMS						